Statistical Bulletin

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Lower Mortality Promotes Family Stability

THE stability and well-being of American family life have benefited materially from the continued decline in mortality. Our communities, too, have gained immeasurably, for they have been relieved from the heavy burden of supporting thousands of indigent widows and orphans. Whereas 667,000 marriages were broken by the death of husband or wife in 1948, the toll would have been close to 1,000,000—or 50 percent greater—under the mortality conditions of 1900. Moreover, due to the marked improvement in mortality at the child-rearing ages, the incidence of orphanhood has been reduced by an even larger margin. In 1948 about 371,000 children under 18 became orphaned by the death of a parent, but the number would have been twice as great with the death rates of a half century ago.

A ready insight into the dependency situation among families broken by death in 1948 may be obtained from the table on page 2. This shows the age distribution of husbands at the time of death and the number of children they left behind. It also shows the age distribution of husbands at the death of their wives and the number of dependent children left in their care.

Husbands who died in 1948 were survived by 449,000 wives and 239,100 children under 18 years of age. A father's death usually creates severe economic hardships for his survivors. This is particularly the case when he dies at a relatively young age. Although the chances of death at ages under 45 are relatively small, about 90,600 children lost such young fathers in 1948 alone. The burden thrust on the mothers of these orphans is generally quite heavy, for the children have many years to go until the age of self-support. These young widows have a twofold problem—that of maintaining a home for their children and also that of providing for the home.

Most orphans are created by the deaths of fathers in midlife. Thus, about 81,800 children survived fathers who died at ages 45-54, a figure well above that for the earlier or later age groups. The number of children orphaned by the death of older fathers is also appreciable.

NUMBER OF HUSBANDS AND WIVES DYING IN THE UNITED STATES DURING 1948, AND NUMBER OF OWN CHILDREN UNDER AGE 18 SURVIVING, BY AGE OF HUSBAND AT TIME OF HIS OR WIFE'S DEATH

AGE OF HUSBAND AT TIME OF HIS OR WIFE'S DEATH	HUSBANDS		WIVES	
	NUMBER DYING	NUMBER OF OWN CHILDREN SURVIVING	NUMBER DYING	NUMBER OF OWN CHILDREN SURVIVING
All Ages	449,000	239,100	218,000	132,000
Under 25	4,000	3,400	3,000	2,500
25–34	17,000	24,200	13,000	19,000
35–44	35,000	63,000	22,000	39,600
45–54	73,000	81,800	36,000	40,700
55–64	116,000	46,700	53,000	21,300
65 and over	204,000	20,000	91,000	8,900

NOTE—Estimates prepared by the Statistical Bureau, Metropolitan Life Insurance Company.

About 66,700 minor children lost fathers who were at ages 55 and over. Since most of these children were in their late teens, and therefore not far from the age when they could be gainfully employed, the problems facing their mothers and themselves were probably not too acute. Nevertheless, many undoubtedly found it necessary to alter their educational and vocational plans.

The number of children under 18 becoming orphaned by the death of their mother is only a little over half the number losing their father. Altogether, about 132,000 dependent children lost their mothers in 1948. The widower with such young children faces problems peculiar to his new situation, for he is generally away from the home during the day earning his livelihood. In this circumstance the father feels the need for a home-maker for his children, and the pressure to remarry is strong. Undoubtedly, this was the situation among the new widowers under 45 years of age who were left with the sole responsibility for 61,100 children.

We cannot depend on reductions in mortality alone to solve the orphanhood problem, for the untimely death of parents will always be with us. To meet the needs of our widows and orphans, the Federal Government and individual States provide support on a minimal basis according to prescribed plans. However, these inflexible, low payment programs cannot fully meet the particular circumstances faced by each of our 40,000,000 families. For the requirements of their individual situations, American breadwinners have turned on an ever-increasing scale to the Institution of Life Insurance to protect their families against loss of income by their death.

World-Wide Decline in Mortality

THE striking advances in medicine and public health are saving millions of lives each year all over the world. The impact of this rapid progress is clearly reflected in a comparison of mortality rates before and after World War II. Of the 19 countries whose death rates are shown in the table on page 4, every one recorded a decline of 9 percent or more in its age-adjusted death rate between prewar and postwar years, and nine showed declines of 20 percent or more. Comparisons based upon age-adjusted death rates eliminate the influence of differences in age distribution and, therefore, give a much more accurate picture of recent mortality trends than crude death rates. In Australia, for example, the crude death rate actually rose 3 percent between 1937 and 1947 because of the increasing proportion of aged in its population; on the other hand, the age-adjusted rate fell 11 percent in the same period. In addition, the age-adjusted rates make possible comparisons between levels of mortality in different countries.

Of the Western countries under review, England and Wales and Scotland showed the largest reduction in mortality. There the age-adjusted death rate dropped 27 percent between the prewar and postwar periods, but the declines were almost as great in Norway and Northern Ireland. The age-adjusted death rate for England and Wales is now one of the lowest in the world, only Norway, The Netherlands, Sweden, and New Zealand — traditionally the world's healthiest countries — have somewhat lower rates. All of these favored countries have rather small and homogeneous populations.

The prewar to postwar decline of mortality in the United States amounted to 23 percent, the age-adjusted death rate coming to only 9.01 per 1,000 in 1948. Although this is a remarkably low figure, considering the size of our population and its great social and economic diversity, the rate is nevertheless fully one third above the lowest shown in the table (6.64 for Norway in 1948).

The marked reduction in the death rates of the underdeveloped countries is one of the most significant trends in the postwar world. In Japan, economically more advanced than most of the poorer nations, the age-adjusted death rate fell 30 percent between 1934-1936 and 1948. The largest part of this decline occurred in the short period following the end of the war, when the occupying forces of the United States put into effect, on a large scale, the new developments in medicine and public health. Even more striking was the experience of Ceylon, where an antimalarial campaign was an important factor in its markedly reduced mortality during the postwar years. Substantial, though not as dramatic, were the declines in Mexico, Costa Rica, Chile, Venezuela, and Puerto Rico. Puerto Rico's rec-

ord of a 40 percent reduction in the crude death rate between 1937-1939 and 1947-1948 is particularly noteworthy. In India the indications are that the death rate dropped about one fifth between the prewar and postwar periods.

Declines in the death rates from infectious diseases are largely responsible for the greatly reduced mortality of the postwar period. In the United States, for example, the crude death rate from pneumonia and influenza fell from 90.3 per 100,000 in 1937-1939 to 40.9 in 1947-1948—a reduction of 55 percent. In England and Wales the decline amounted to 41 percent and in Canada to 47 percent. Comparable declines occurred in many other West-

MORTALITY IN SELECTED COUNTRIES BEFORE AND AFTER WORLD WAR II FOR ALL CAUSES OF DEATH AND FOR SEVERAL SPECIFIC CAUSES

Country	All Causes			Communicable Diseases of Childhood		Tuberculosis		Infant Mortality		Maternal Mortality	
	Deaths per 1,000 Population*			Deaths per 100,000 Population				Deaths per 1,000 Live Births			
	1948	1937	Percent Decline 1948 Since 1937	1947-1949	1937-1939	1947-1949	1937-1939	1947-1949	1937-1939	1947-1949	1937-1939
North America											
United States	9.01	11.70	23	2.0	7.7	30	50	32	51	1.2	4.4
Canada	8.22	10.43	21	4.0	14.6	37	56	44	67	1.5	4.4
Costa Rica	—	—	—	40.3[8]	—	—	—	91	135	—	6.4
Mexico	—	—	—	—	143.3	—	—	—	127	—	5.8
Puerto Rico	—	—	—	15.6[8]	18.9	185[8]	272	72	124	2.7[8]	5.1
South America											
Chile	—	—	—	32.9[11]	50.5	217	256	163	234	—	9.0
Venezuela	—	—	—	—	17.6	—	—	99[8]	135	—	3.1
Europe											
Austria	—	—	—	14.2[7]	14.3[5]	83	100	77	82	2.5[7]	5.2[4]
Belgium	9.43[12]	11.20[3]	16	—	14.2	59[9]	69	62	82	—	3.9
Denmark	8.08[7]	9.80	18	3.6	7.1	24	40	36	61	1.1	3.2
Finland	11.07	12.13[5]	9	—	23.0	161[8]	199	53	69	—	4.4
France	9.44[12]	12.34	24	4.6	—	75	119	58[12]	65[12]	—	—
Ireland	—	—	—	10.7	23.2	106	115	57	69	1.7[8]	3.7
Italy	10.32[7]	12.71[3]	19	6.6[11]	16.9	62	81	78	104	1.6	2.5
Netherlands	7.36[12]	8.81	16	6.7	6.5	30	45	30	36	1.4[7]	2.6
Norway	6.64	8.92	26	3.1[8]	3.7	54[9]	91	31	39	1.3[8]	2.4
Portugal	13.27[7]	15.11[6]	12	16.8	34.4	150	149	107[12]	136[12]	2.2[12]	4.2[12]
Spain	—	—	—	8.27	28.3	119[8]	124	73[12]	133[12]	—	3.6[12]
Sweden	7.86[7]	9.70	19	1.4[7]	3.4	46[8]	81	24	42	.9[7]	2.6
Switzerland	9.41[7]	10.55	11	5.2	4.9	54	83	36	44	1.7	4.0
United Kingdom											
England and Wales	7.99	11.01	27	3.2	12.4	50	64	36	54	1.1	3.4
Northern Ireland	9.77[12]	13.20	26	7.8	26.2	67	91	48	74	1.7[8]	4.7
Scotland	9.34	12.73	27	4.2	23.6	74	71	47	73	1.7	4.7
Asia											
Ceylon	—	—	—	—	—	57	62	93	162	—	19.4
Japan	12.78	18.12[1]	30	33.8[8]	35.7	182[8]	211	67	109	1.7[8]	2.5
Africa and Oceania											
Australia†	8.27[7]	9.30	11	2.9[8]	8.1	29[8]	39	27	38	1.6[8]	4.5
New Zealand†	7.48	8.87	16	3.1[9]	6.6	28	39	24	33	1.1	3.8
Union of South Africa†	8.97[7]	11.31	21	6.0[9]	18.1	31[7]	36	37	53	1.4[7]	3.9

*Death rates age-adjusted on the basis of the age and sex distribution of the total population of the United States in 1940. †Europeans only. [1]1934–36. [2]1935–37. [3]1936–37. [4]1937. [5]1937–38. [6]1940. [7]1947. [8]1947–48. [9]1947 and 1949. [10]1948. [11]1948–49. [12]1949. [13]Rate based on births excluding infants born alive but dying before registration.

ern countries. Even in Japan the mortality from these respiratory diseases dropped 44 percent. Sulfa drugs, penicillin, and other antibiotics are evidently being used widely and effectively.

Crude death rates for several causes of death that reflect increasing control of the infectious diseases in many countries are shown in the accompanying table. Particularly impressive are the figures for tuberculosis—a disease which was once a major killer all over the world. Now several countries, including the United States, have tuberculosis death rates as low as 30 per 100,000, and only a few have rates over 100 per 100,000. The communicable diseases of childhood have been all but eliminated as causes of death in many parts of the world. Infancy, the most dangerous year of life, is far safer than it was only 10 years ago. Maternity, too, has been rendered much safer with the use of the new antibiotics and other measures. In many countries only 1 or 2 mothers die in every 1,000 live births.

The concerted efforts now being made for the control of infections on a world-wide basis promise a great humanitarian achievement. However, these efforts are only at their beginning. The full advantages in healthier and happier lives will come with the more intensive development of the resources of the world. We know from the history of the West that better health and economic advancement often go hand in hand.

America's Youth

We enter youth as children and leave as adults. It is the period during which our young take on greater personal responsibilities and begin to share fully in the economic and social life of the Nation. Most of them leave school and begin work; many leave their homes and marry at this stage of life. These changes are reflected in a comparison of some results of the 1950 census for the age periods 14 to 17 years and 18 to 20 years, as shown in the table on page 7. The total number within these age periods is about 15,000,000, or roughly one tenth of the total population.

The proportion of young people still in school falls sharply with the approach of maturity. Whereas 84 percent of those at ages 14 to 17 years are still enrolled in school, only 29 percent were enrolled at ages 18 to 20 years. As is to be expected, the extent of schooling completed rises during youth. Although only one half of those at ages 14 to 17 years had been through one or more years of high school, the proportion was almost four fifths at ages 18 to 20 years. Among the latter, about half had completed four years of high school, and about one eighth had at least one year of college. Most of our young people have been provided good opportunities for an education.

The decrease in school enrollment

during youth is accompanied by a rapid rise in the proportions in the labor force. Even at the earlier teen ages, 25 percent of the boys are already in the labor force, but less than 12 percent of the girls. However, by ages 18 to 20 years, 71 percent of our boys and almost 45 percent of our girls are workers.

The kind of work our youngsters do is also closely related to their age. Just under 38 percent of our boys of 14 to 17 years with jobs work on farms—most of them operated by their families. This proportion drops to only 20 percent at ages 18 to 20 years. On the other hand, in the rising proportion engaged as craftsmen we see the advantage of more schooling. The craft occupations are followed by less than 17 percent of the young boys at work but by more than 37 percent of the older boy workers. The young shopgirl is a familiar sight. Practically 20 percent of the girls of 14 to 17 years at work are in sales activities, but less than 9 percent of the working girls of 18 to 20 are so occupied. Again, we see evidence of the benefit of more schooling in the finding that almost one half of the working girls of 18 to 20 have clerical and kindred jobs, compared with only one sixth of those at 14 to 17 years.

Very nearly all adolescents 14 to 17 years old live either in their parents' home or in the home of some relative; only 5 percent live elsewhere. However, many older adolescents leave home for various reasons. At ages 18 to 20 years, one third are not living with their parents or another relative. Of those living elsewhere, just one half are either heads of households or wives; the other half includes many college students away from home, in addition to those living alone or with persons not relatives.

Early marriage, particularly for girls, is a familiar feature of American family life. Almost 35 percent of the girls of 18 to 20 are married, and practically 1 percent had already been widowed or divorced. The proportion of girls married at ages 14 to 17 is by no means negligible—namely, 5.5 percent. However, the proportion of young men who marry is not large. It is less than 1 percent at ages 14 to 17 and not quite 10 percent at ages 18 to 20 years.

The extent to which young people leave home to study, work, or marry is also reflected in the data on change of residence. Between 1949 and 1950 well over one fourth of those at ages 18 to 20 had a change of residence, compared with one eighth at ages 14 to 17 years. Most of the latter undoubtedly moved along with their parents. Not only do our older youths have the greater tendency to shift residence but they also go greater distances, to judge by the movements between States.

The resiliency of youth is great. For most of those passing through it, there is a complete change in social and economic outlook, and apparently they adjust well to the opportunities open to them. Our youths are a particularly important part of our population today, when many young men are being called

upon to serve in the armed forces, and young men and women are needed more than ever in defense industries. It is fortunate that this is the healthiest period of life, with the frequency of illness at its minimum and with mortality not far from its low point. The average person leaving youth today has over one half century of life remaining.

CHARACTERISTICS OF YOUNG PEOPLE AT AGES 14-17 YEARS AND 18-20 YEARS, UNITED STATES, 1950
(TOTAL FOR AGE GROUP—100 PERCENT)

STATUS	AGE	
	14-17	18-20
COLOR AND SEX		
Total Persons	100.0	100.0
White males	43.8	43.0
White females	43.8	43.9
Nonwhite males	6.7	5.1
Nonwhite females	5.7	6.0
RELATIONSHIP IN FAMILY		
Total persons	100.0	100.0
Child of household head	87.5	58.6
Wife of household head	1.4	13.2
Head of household	0.7	3.4
Other relative of head	7.2	8.0
All others	3.2	16.8
MARITAL STATUS		
Total males	100.0	100.0
Single	99.2	90.3
Married	0.7	9.5
Widowed or divorced	0.1	0.2
Total females	100.0	100.0
Single	94.4	64.4
Married	5.5	34.7
Widowed or divorced	0.1	0.9

STATUS	AGE	
	14-17	18-20
SCHOOLING		
Total Persons	100.0	100.0
Enrolled in school	84.1	28.7
Years of school completed		
Less than one year of high school	49.2	20.7
One year or more of high school	49.9	78.1
Not reported	0.9	1.2
MIGRATION STATUS 1949-1950		
Total persons	100.0	100.0
No change of residence	86.1	70.5
Moved within county	8.4	15.2
Moved between counties within State	2.4	5.4
Moved between States or from abroad	2.0	6.6
Not reported	1.1	2.3
EMPLOYMENT STATUS		
Total males	100.0	100.0
In labor force	25.1	71.1
In civilian labor force	24.3	63.9
Not in labor force	74.9	28.9
Total females	100.0	100.0
In labor force	11.5	44.7
In civilian labor force	11.4	44.5
Not in labor force	88.5	55.3

MAJOR OCCUPATION GROUP OF EMPLOYED CIVILIANS

Total males	100.0	100.0
Professional, managerial, etc.	1.8	7.5
Clerical and kindred workers	4.7	8.3
Sales workers	13.8	7.7
Craftsmen, etc.	16.7	37.4
Private household workers	0.2	0.1
Other service workers	7.9	4.9
Farm laborers (paid)	12.0	10.2
Farm laborers, unpaid family workers	25.7	9.6
Other laborers	13.6	13.0
Not reported	3.6	1.3
Total females	100.0	100.0
Professional, managerial, etc.	3.1	8.2
Clerical and kindred workers	16.1	45.3
Sales workers	20.3	8.8
Craftsmen, etc.	11.2	15.2
Private household workers	16.8	5.1
Other service workers	14.7	11.4
Farm laborers (paid)	3.3	1.5
Farm laborers, unpaid family workers	7.7	1.9
Other laborers	1.4	0.7
Not reported	5.4	1.9

Source of data: Bureau of the Census, *Current Population Reports, Population Characteristics*, "Children and Youth: 1950," Series P-20, No. 32, December 4, 1950.

The Postwar Cancer Record

THE postwar period has seen a greatly intensified effort on all fronts against the cancer problem. In the programs of public health education, the stress is on early detection and treatment. Along with these campaigns there has been a more emphatic and expanded educational effort with practicing physicians and an increase in diagnostic facilities. An increasing number of special cancer hospitals are in operation. The medical and dental schools are concentrating attention on the problem, and State health departments are giving it more emphasis in their programs. At the same time cancer research has been greatly stimulated by both private and public funds. All of this activity raises the question regarding its effect upon the mortality from cancer. Although it is still too early to look for a definitive answer, some encouraging signs are already evident in the postwar record of the Industrial policyholders of the Metropolitan Life Insurance Company.

A comparison of death rates for the periods 1946-1947 and 1949-1950 (see Table 1 on this page) shows reductions in mortality from the malignant neoplasms* among white females at ages 25-74 years, and only slight changes at ages 1-24 years. In the case of white males there was an improvement at ages 1-14 years and only a small increase at ages 15-24 years. However, the death rate rose appreciably (12.6 percent) at ages 25-44 years, but for the higher-age groups the rates increased by about 3½ percent.

The favorable developments in the

*This includes cancer (all forms), leukemia, and Hodgkin's disease.

TABLE 1—DEATH RATES PER 100,000 FROM THE MALIGNANT NEOPLASMS WHITE PERSONS BY SEX AND AGE PERIODS. METROPOLITAN LIFE INSURANCE COMPANY, INDUSTRIAL PREMIUM-PAYING BUSINESS 1949-1950 AND 1946-1947 COMPARED

AGE PERIOD YEARS	AVERAGE OF DEATH RATES PER 100,000				PERCENT CHANGE 1949–1950 SINCE 1946–1947	
	WHITE MALES		WHITE FEMALES		WHITE MALES	WHITE FEMALES
	1949–1950	1946–1947	1949–1950	1946–1947		
1-74*	128.5	123.6	104.9	108.2	+4.0	−3.0
1-14	8.9	9.4	7.1	7.0	− 5.3	+1.4
15-24	9.3	9.1	6.8	6.7	+ 2.2	+1.5
25-44	33.0	29.3	43.6	47.4	+12.6	−8.0
45-64	320.4	309.1	267.6	277.3	+ 3.7	−3.5
65-74	1000.6	968.1	691.2	694.3	+ 3.4	− .4

*Standardized for age on basis of distribution of Industrial Policyholders in 1947.

TABLE 2—MORTALITY FROM THE MALIGNANT NEOPLASMS
WHITE MALES AND WHITE FEMALES. AGES 1 TO 74 YEARS.
METROPOLITAN LIFE INSURANCE COMPANY, INDUSTRIAL PREMIUM-PAYING BUSINESS
1949-1950 AND 1946-1947 COMPARED

ORGAN OR PART AFFECTED	AVERAGE OF DEATH RATES* PER 100,000				PERCENT CHANGE 1949–1950 SINCE 1946–1947	
	WHITE MALES		WHITE FEMALES		WHITE MALES	WHITE FEMALES
	1949-1950	1946-1947	1949-1950	1946-1947		
Malignant neoplasms	128.5	123.6	104.9	108.2	+ 4.0	— 3.0
Leukemia	5.5	4.7	4.1	3.7	+17.0	+10.8
Hodgkin's disease	2.1	1.9	1.1	1.1	+10.5	0
Cancer—All Forms	120.9	117.0	99.7	103.4	+ 3.3	— 3.6
All Accessible Sites	12.1	12.4	38.8	41.8	— 2.4	— 7.2
Breast (female)	—	—	18.8	18.7	—	+ .5
Uterus	—	—	16.9	19.1	—	—11.5
Vulva and vagina	—	—	.6	.8	—	—25.0
Buccal cavity and tonsil	4.0	4.6	.6	.8	—13.0	—25.0
Larynx	3.1	3.1	.1	.3	0	—66.7
Skin	1.6	1.2	.9	1.0	+33.3	—10.0
Genitalia, male, excl. prostate	1.2	1.0	—	—	+20.0	—
Others (neck, back, arm, leg, etc.)	2.2	2.5	.9	1.1	—12.0	—18.2
All Inaccessible Sites	108.8	104.6	60.9	61.6	+ 4.0	— 1.1
Stomach	17.8	19.0	8.4	10.0	— 6.3	—16.0
Intestines and duodenum	12.5	12.8	12.5	13.8	— 2.3	— 9.4
Rectum and anus	7.9	8.8	4.8	5.0	—10.2	— 4.0
Liver and biliary passages	5.5	5.9	5.9	6.4	— 6.8	— 7.8
Esophagus	4.7	4.7	.8	.7	0	+14.3
Pancreas	5.4	5.0	3.5	3.2	+ 8.0	+ 9.4
Other digestive organs and peritoneum	1.1	1.2	1.0	1.2	— 8.3	—16.7
Ovary and other genital organs	—	—	6.9	6.0	—	+15.0
Prostate	8.0	8.0	—	—	0	—
Lung, pleura, and mediastinum	15.0	12.6	3.0	2.9	+19.0	+ 3.4
Bronchus and other respiratory	9.9	6.3	1.0	.8	+57.1	+25.0
Pharynx	2.1	1.8	.3	.2	+16.7	+50.0
Bladder	4.8	5.3	1.4	2.0	— 9.4	—30.0
Kidney and other urinary	2.6	2.4	1.4	1.3	+ 8.3	+ 7.7
Glioma	.9	.7	.5	.5	+28.6	0
Others and unknown†	10.6	10.1	9.5	7.6	+ 5.0	+25.0

*Standardized for age on basis of distribution of Industrial policyholders in 1947.
†Includes brain, bones, abdomen, spleen, pelvic viscera, etc., and unspecified.

cancer picture are most evident when the recent trend of mortality is studied according to the primary site of the malignant growth. For the accessible sites as a group, both sexes experienced declines in mortality from 1946-1947 to 1949-1950, white males by 2.4 percent and white females by 7.2 percent. Among white females, for each of the specific accessible sites listed, except the breast, the trend in mortality was downward; in the case of the breast there was practically no change in the death rates. For cancer of the uterus the death rate dropped by 11.5 percent in the short period under review. The only important site to show a reduction in mortality among white males is the buccal cavity and tonsils, where there was a 13 percent improvement.

In the case of the inaccessible sites treated as a unit, white females experienced a 1.1 percent decrease in death rates from 1946-1947 to 1949-1950, but white males, on the other hand, show a 4 percent rise. However, it is encouraging to find that both sexes were favored with reductions in mortality for such specific sites as the stomach, the intestines and duodenum, the rectum and anus, the liver and biliary passages, a residual category consisting of other digestive organs and the peritoneum, and the bladder.

There are several important inaccessible sites that show sizable increases in their cancer death rates. Most important among these are cancers of the lung, pleura, mediastinum, bronchus and other respiratory parts, and the pharynx. Taken together, the death rate for these sites increased by 30.4 percent for white males from 1946-1947 to 1949-1950 and by 10.3 percent for white females. Important elements in this situation are the improved diagnostic techniques, the increasing alertness of the physician to the condition, and, to some extent, the discovery of such cancers incidental to mass X-ray examinations. However, it is not yet apparent to what extent these and other unknown factors are contributing to the marked upward trend in these cancers. Both sexes also had a rise in mortality from cancer of the pancreas. The death rate for cancer of the ovary and other female genital organs went up by about one sixth within the postwar period.

For both white males and white females, there was a marked rise in the death rate from leukemia, probably as a result of improved diagnosis. The recent change in the mortality from Hodgkin's disease was immaterial.

While fundamental research into cancer is being intensified, the primary emphasis in the campaign against the disease is still on early recognition and treatment. Although the success of this cause cannot be judged solely by this short insurance record, the reductions in mortality for many sites of cancer are encouraging. With greater efforts in this direction, the cancer situation may also improve for many of the sites that have hitherto shown increases in mortality.

DEATH RATES* PER 100,000 POLICYHOLDERS FROM SELECTED CAUSES
INDUSTRIAL PREMIUM-PAYING BUSINESS, *Weekly and Monthly Combined*
METROPOLITAN LIFE INSURANCE COMPANY

April 1951

INTERNATIONAL LIST NUMBER (6TH REVISION)	CAUSE OF DEATH	ANNUAL RATE* PER 100,000 POLICYHOLDERS			
		April		Jan.-Apr.	
		1951	1950	1951	1950
	ALL CAUSES—TOTAL	712.3	667.2	707.9	679.8
1-19	Tuberculosis (all forms)	19.5	20.8	18.4	22.2
1- 8	Tuberculosis of respiratory system	17.5	18.9	16.9	20.2
20-29	Syphilis	3.4	4.8	4.3	4.2
50,55-56,85	Communicable diseases of childhood	.7	.7	.5	.7
80	Acute poliomyelitis	.5	.1	.3	.3
140-205	Malignant neoplasms	124.3	114.5	123.0	118.5
260	Diabetes mellitus	18.6	17.1	17.4	15.5
[330-334,410-450,590-594]	Diseases of the cardiovascular-renal system	370.0	345.1	369.2	356.5
330-334	Vascular lesions, central nervous system	68.5	68.0	69.6	69.6
410-443	Diseases of heart	273.9	250.9	271.5	258.2
410-416	Chronic rheumatic heart disease	15.1	15.5	15.3	14.6
420-422	Arteriosclerotic and degenerative heart disease	198.3	178.7	196.9	183.9
440-443	Hypertension with heart disease	49.3	43.8	47.8	50.4
430-434	Other diseases of heart	11.2	12.9	11.5	9.3
444-447	Hypertension without mention of heart	7.4	6.4	6.9	7.7
450	General arteriosclerosis	7.1	6.7	7.2	7.9
590-594	Nephritis and nephrosis	13.1	13.1	14.0	13.1
490-493	Pneumonia	23.2	22.5	22.3	20.0
480-483	Influenza	7.3	5.1	5.2	3.3
540-542	Ulcers of stomach and duodenum	4.4	3.8	4.6	4.5
550-553	Appendicitis	1.4	1.6	1.4	1.5
560-561,570	Hernia and intestinal obstruction	3.2	4.4	3.9	4.4
543,571-572	Gastritis, duodenitis, enteritis, etc.	2.6	2.6	2.7	3.1
581	Cirrhosis of liver	7.9	10.3	9.6	9.8
640-689	Complications of pregnancy, childbirth	1.3	1.9	1.5	1.9
E963,E970-E979	Suicide	6.8	6.7	6.4	6.4
E964,E980-E984	Homicide	2.1	2.7	2.4	2.8
[E800-E802,E810-E835,E840-E962]	Accidents—total	35.5	32.0	36.1	33.7
E810-E835	Motor vehicle	12.7	12.6	13.9	14.1
	Home	6.9	6.6	8.2	8.0
	Occupational	3.8	2.5	4.1	3.1
E990-E999	War deaths—enemy action	7.1	—	6.9	—
	All other causes	72.6	70.6	71.5	70.5

*The rates for both years are provisional.

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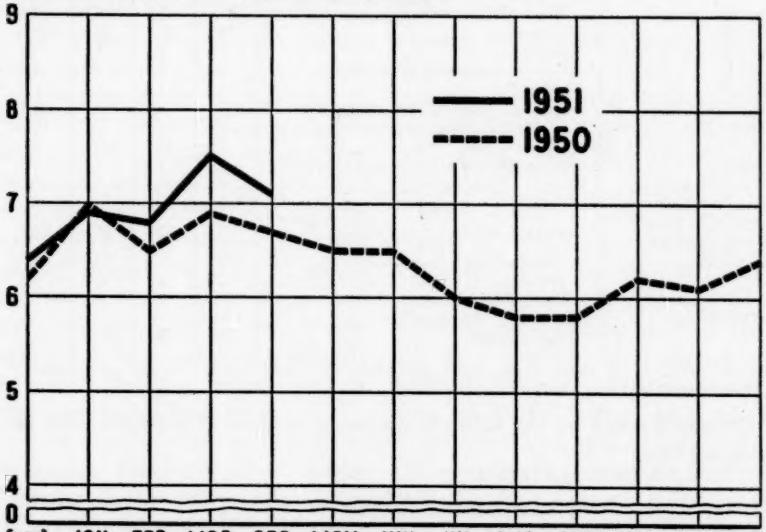
WEEKLY AND MONTHLY COMBINED

DEATH RATES PER 1,000 POLICYHOLDERS • ANNUAL BASIS



(DEC)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1950	7.0	6.5	6.9	6.7	6.5	6.5	6.0	5.8	5.8	6.2	6.1	6.4
1951	6.9	6.8	7.5	7.1								

1950 and 1951 figures are provisional

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